

02/14/02  
JC914 U.S. PTO

Please type a plus sign (+) inside this box

02-19-02

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. \_\_\_\_\_

First Inventor William Kenneth Bowman, Jr.

Title Medicine organizer device

Express Mail Label No. \_\_\_\_\_

02/14/02  
JC914 U.S. PTO**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 11]  
*(preferred arrangement set forth below)*
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (*if filed*)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 1]
- Oath or Declaration [Total Pages ]  
 a.  Newly executed (original or copy)
   
 b.  Copy from a prior application (37 CFR 1.63 (d))
   
*(for a continuation/divisional with Box 18 completed)*
  
 i.  **DELETION OF INVENTOR(S)**
  
*Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).*
- Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))
10.  37 C.F.R. §3.73(b) Statement  Power of Attorney  
*(when there is an assignee)*
11.  English Translation Document *(if applicable)*
12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
16.  Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17.  Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation     Divisional     Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i>				or <input checked="" type="checkbox"/> Correspondence address below	
--	--	--	--	---	--

Name	John Dodds				
Address	1707 N St., NW				
City	Washington	State	DC	Zip Code	20036
Country	USA	Telephone	(202) 463-3275		Fax (202) 463-3278

Name (Print/Type)	John Dodds	Registration No. (Attorney/Agent)	45,533
Signature		Date	February 13, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 370.00)

Compt if Known

Application Number	
Filing Date	
First Named Inventor	William K. Bowman, Jr.
Examiner Name	
Group Art Unit	
Attorney Docket No.	

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:

Deposit Account Number	
Deposit Account Name	

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	370
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$ 370.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
		-20** =	X	=
		- 3** =	X	=

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	205 65	Surcharge - late filing fee or oath	
127 50	227 25	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	139 130	Non-English specification	
147 2,520	147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	215 55	Extension for reply within first month	
116 400	216 200	216 200	Extension for reply within second month	
117 920	217 460	217 460	Extension for reply within third month	
118 1,440	218 720	218 720	Extension for reply within fourth month	
128 1,960	228 980	228 980	Extension for reply within fifth month	
119 320	219 160	219 160	Notice of Appeal	
120 320	220 160	220 160	Filing a brief in support of an appeal	
121 280	221 140	221 140	Request for oral hearing	
138 1,510	138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	240 55	Petition to revive - unavoidable	
141 1,280	241 640	241 640	Petition to revive - unintentional	
142 1,280	242 640	242 640	Utility issue fee (or reissue)	
143 460	243 230	243 230	Design issue fee	
144 620	244 310	244 310	Plant issue fee	
122 130	122 130	122 130	Petitions to the Commissioner	
123 50	123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	279 370	Request for Continued Examination (RCE)	
169 900	169 900	169 900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0)

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	John Dodds	Registration No. (Attorney/Agent)	45,533
Signature	<i>John Dodds</i>	Date	February 13, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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Please type a plus sign (+) inside this box → **[ ] +**

PTO/SB/84 (10-00)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## INSTRUCTION AUTHORIZATION

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	
Filing Date	
First Named Inventor	William Kenneth Bowman Jr.
Group Art Unit	
Examiner Name	
Attorney Docket Number	

The undersigned hereby authorizes the practitioner(s) named herein to accept and follow instructions from **[ ] William Kenneth Bowman Jr.**

as to any action to be taken in the United States Patent and Trademark Office regarding the above-identified application without direct contact between the practitioner(s) name herein and the undersigned. In the event of a change in the persons from whom instructions may be taken, the practitioner(s) named herein will be so notified by the undersigned.

Practitioner(s) at Customer Number **[ ]**



**Place Customer Number  
Bar Code Label here**

**OR**

Practitioner(s) named below:

Name	Registration Number
John Dodds	45,533

*This is not a Power of Attorney to the above-named practitioner(s). If appropriate, a separate Power of Attorney to the above-named practitioners should be executed and filed in the United States Patent and Trademark Office.*

I am the:

Applicant.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).*

### SIGNATURE of Applicant or Assignee of Record

Name	William Kenneth Bowman Jr.
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

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Box Patent Application  
Commissioner for Patents  
Washington, DC 20231

February 13, 2002

Dear Sir or Madam:

It is a privilege to submit on behalf of Mr. William Kenneth Bowman, Jr. the enclosed application for a Non Provisional Patent Application regarding a Medicine Organizer Device. I enclose all appropriate documentation, including a generic power of attorney authorizing me to file this patent on his behalf, a return post card and a check for the amount of \$370.00.

I look forward to your confirming receipt of this petition.

Yours truly,

A handwritten signature in black ink, appearing to read "John Dodds".

**Dr. John Dodds**  
**Patent Attorney (Registration No. 45,533)**

Cc: Mr. William K. Bowman, Jr.  
File